

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization

CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

747 52ND STREET

City or town, state or country, and ZIP + 4

OAKLAND, CA 94609

F Name and address of principal officer: BERTRAM H. LUBIN

SAME AS C ABOVE

D Employer identification number

94-0382330

E Telephone number

510-428-3138

G Gross receipts \$

445,040,683.

H(a) Is this a group return

for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CHILDRENSHOSPITAL.OAKLAND.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1912 **M State of legal domicile:** CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	THE MISSION OF CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND IS TO ENSURE THE DELIVERY OF	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of employees (Part V, line 2a)	5	3076
	6	Total number of volunteers (estimate if necessary)	6	1106
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	305,959.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	72,491.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	12,723,319.	36,729,632.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	380,149,904.	406,226,555.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,066,035.	62,296.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,263.	444,725.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	394,042,521.	443,463,208.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	690,450.	2,210.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	235,144,435.	259,554,192.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	175,391,276.	177,057,855.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	411,226,161.	436,614,257.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-17,183,640.	6,848,951.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	291,850,543.	298,728,452.
	22	Net assets or fund balances. Subtract line 21 from line 20	245,376,013.	231,684,669.
			46,474,530.	67,043,783.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	Preparer's identifying number (see instructions)
	<i>Kim A. Stranek</i> SUP/OFO	11/15/10	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	<i>Michael Long</i>	11/15/10	
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶	
	MOSS ADAMS		
	ONE CALIFORNIA STREET, FOURTH FLOOR	Phone no. ▶ 415-956-1500	
	SAN FRANCISCO, CA 94111		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Type or print	Name of Exempt Organization CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND	Employer identification number 94-0382330
	Number, street, and room or suite no. If a P.O. box, see instructions. 747 52ND STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94609	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

COLLEEN REID

- The books are in the care of ▶ **747 52ND STREET - OAKLAND, CA 94609**

Telephone No. ▶ **510-428-3467**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year **2009** or
- ▶ ☐ tax year beginning , and ending .

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND	Employer identification number 94-0382330
	Number, street, and room or suite no. If a P.O. box, see instructions. 747 52ND STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94609	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

COLLEEN REID

- The books are in the care of **747 52ND STREET - OAKLAND, CA 94609**

Telephone No. **510-428-3467**

FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning , and ending .

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Colleen Reid** Title **CPA**

Date **8/5/10**

Form 8868 (Rev. 4-2009)

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

Form 990 (2009)

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Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE MISSION OF CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND IS TO
ENSURE THE DELIVERY OF HIGH QUALITY PEDIATRIC CARE FOR ALL CHILDREN
THROUGH REGIONAL PRIMARY AND SUBSPECIALTY NETWORKS, A STRONG EDUCATION
AND TEACHING PROGRAM, A DIVERSE WORKFORCE, NATIONALLY RECOGNIZED
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

- 4a (Code:) (Expenses \$ 52,490,972. including grants of \$) (Revenue \$ 44,015,275.)
THE HEMATOLOGY/ONCOLOGY DEPARTMENT AT CHILDREN'S HOSPITAL & RESEARCH
CENTER OAKLAND IS AT THE FOREFRONT OF TREATMENT AND RESEARCH,
DEVELOPING AND EVALUATING TREATMENTS THAT OFFER THE BEST OPPORTUNITIES
FOR SURVIVAL AND PRESERVATION OF QUALITY OF LIFE. WE PROVIDE ACCESS TO
ALL DIAGNOSTIC AND TREATMENT METHODS AVAILABLE, INCLUDING THE OPTION TO
PARTICIPATE IN CLINICAL TRIALS USING EXPERIMENTAL THERAPIES. OUR GOAL
IS TO PROVIDE STATE-OF-THE-ART CARE IN A WARM AND SUPPORTIVE
ENVIRONMENT THAT INCLUDES ONGOING DIRECT COMMUNICATION WITH THE PRIMARY
CARE PHYSICIAN. OUR COMPREHENSIVE SERVICES INCLUDE PROGRAMS FOR
HEMOPHILIA, THALASSEMIA, AND SICKLE CELL DISEASE. OUR SICKLE CELL
PROGRAM IS THE LARGEST IN THE WESTERN UNITED STATES AND INCLUDES ADULT
PATIENTS. WE ALSO HAVE PROGRAMS IN NEURO-ONCOLOGY, THROMBOPHILIA, STEM
- 4b (Code:) (Expenses \$ 30,296,181. including grants of \$) (Revenue \$ 31,165,229.)
NEONATOLOGY - THE NEONATOLOGY NEWBORN INTENSIVE CARE UNIT (NICU) AT
CHILDREN'S HOSPITAL & RESEARCH CENTER OAKLAND PROVIDES
HIGHLY-SPECIALIZED INTENSIVE CARE TO CRITICALLY ILL AND PREMATURE
NEWBORNS. OUR INTENSIVE MULTIDISCIPLINARY AND SPECIALIST CARE TREATMENT
TEAM IS PERHAPS THE BIGGEST REASON FOR OUR SUCCESS. EACH NICU PATIENT
AND FAMILY RECEIVES THE FULL ATTENTION OF THE NICU TEAM OF PEDIATRIC
MEDICAL EXPERTS, INCLUDING NEONATOLOGISTS, NEONATAL NURSE PRACTITIONERS
(NNPS), NURSES, RESPIRATORY THERAPISTS, SOCIAL WORKERS, AND
DEVELOPMENTAL SPECIALISTS. THEIR COLLABORATION ENSURES COMPREHENSIVE
CARE AND MONITORING OR SUPPORT OF VITAL FUNCTIONS BEYOND THAT AVAILABLE
IN THE GENERAL PEDIATRIC UNIT OR COMMUNITY HOSPITAL. THE NEWBORN
INTENSIVE CARE NURSERY IS A 44-BED, FAMILY-CENTERED, REGIONAL REFERRAL
- 4c (Code:) (Expenses \$ 18,359,130. including grants of \$) (Revenue \$ 26,879,937.)
EMERGENCY MEDICINE - CHILDREN'S HOSPITAL OAKLAND'S LEVEL 1 PEDIATRIC
TRAUMA CENTER AND EMERGENCY DEPARTMENT IS THE BAY AREA'S BUSIEST. IT'S
ALSO THE BAY AREA'S ONLY EMERGENCY DEPARTMENT COMPLETELY DEDICATED TO
THE CARE OF CHILDREN AND STAFFED 24 HOURS A DAY 7 DAYS A WEEK WITH
CERTIFIED PEDIATRIC EMERGENCY MEDICINE SPECIALISTS.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 231632049. including grants of \$) (Revenue \$ 291620774.)

4e Total program service expenses \$ 332,778,332.

932002
02-04-10

Form 990 (2009)

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

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Form 990 (2009)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	X	

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932003
02-04-10

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	X	
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2009)

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

Form 990 (2009)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 460		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 3076		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body	1a 13		
b Enter the number of voting members that are independent	1b 11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **COLLEEN REID - 510-428-3467**
747 52ND STREET, OAKLAND, CA 94609

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TOM BRET BOARD MEMBER	1.00	X						0.	0.	0.
HAROLD DAVIS BOARD MEMBER	1.00	X						0.	0.	0.
ARTHUR D'HARLINGUE, MD TREASURER	1.00	X						0.	0.	0.
ARNOLD GRISHAM VICE CHAIRMAN	2.00	X						0.	0.	0.
JAMES KEEFE CHAIRMAN	5.00	X						0.	0.	0.
WATSON LAETSCH, PH.D. BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL LENOIR, MD BOARD MEMBER	1.00	X						0.	0.	0.
BARBARA MAY SECRETARY	2.00	X						0.	0.	0.
MELBA MUSCALROLAS BOARD MEMBER	1.00	X						0.	0.	0.
BETTY JO OLSON BOARD MEMBER	1.00	X						0.	0.	0.
HAROLD C. WARNER BOARD MEMBER	1.00	X						0.	0.	0.
FRANK TIEDEMANN PRESIDENT & CEO	35.00	X		X				1,189,373.	0.	166,957.
BARBARA STAGGERS, MD PRES. MED. STAFF	40.00	X						20,000.	0.	0.
BERTRAM H. LUBIN PRESIDENT & CEO	35.00			X				464,993.	0.	105,521.
DOUGLAS T. MYERS SR.VP CFO/COO	34.00			X				230,693.	0.	30,727.
GARY WILLIAM CHAWK SR.VP/CFO	39.00			X				223,322.	0.	0.
PAMELA FRIEDMAN SR.VP/CAO BAYCHILDREN'S	40.00			X				600.	0.	0.

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**CHILDREN'S HOSPITAL & RESEARCH CENTER AT
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
B. BRADLEY BARBER SR.VP FNDN & CDO	10.00				X			326,241.	0.	91,226.
ERNEST JAMES GROSSKOPF DIRECTOR	40.00				X			196,133.	0.	47,411.
KATHLEEN HOGUE GONZALES VP-CHORI	40.00				X			284,440.	0.	135,272.
LAWRENCE MACK VP & CAO, BAYCHILDREN'S	40.00				X			392,605.	0.	4,462.
MARY DEAN SR.VP/CHF STRATEGIC DEV.	40.00				X			419,799.	0.	32,506.
NANCY SHIBATA, RN VP NURSING & CNE	40.00				X			211,199.	0.	77,013.
VALERIE ROBERTS VP-SPECIALTY CARE SRVCS	40.00				X			179,340.	0.	40,032.
ALEXANDER H. LUCAS SR.VP/EXEC DIR CHORI	40.00					X		269,770.	0.	341,761.
JAMES SULLIVAN LEAD ECHO TECHNICIAN	40.00					X		262,644.	0.	224,694.
LENDA TOWNSEND-WILLIAMS COO, CFMG	40.00					X		252,839.	0.	102,847.
1b Total								5,536,863.	0.	1492852.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

612

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDREN'S ANESTHESIA MEDICAL GROUP P.O. BOX 45731, SAN FRANCISCO, CA 94145	PEDIATRIC PHYSICIAN SPECIALTY SERVICES	3,703,176.
PEDIATRIC HEMATOLOGY/ONCOLOGY, 3732 MT DIABLO BLVD STE 358, LAFAYETTE, CA 94549	PEDIATRIC PHYSICIAN SPECIALTY SERVICES	3,065,730.
PEDIATRIC IMAGING MEDICAL ASSOC. 66 LA SALLE AVE, PIEDMONT, CA 94611	PEDIATRIC PHYSICIAN SPECIALTY SERVICES	2,934,000.
PEDIATRIC SURGICAL ASSOCIATES 747 52ND STREET, OAKLAND, CA 94609	PEDIATRIC PHYSICIAN SPECIALTY SERVICES	2,790,856.
CHILDREN'S NEUROLOGICAL ASSOC. 747 52ND STREET, OAKLAND, CA 94609	PEDIATRIC PHYSICIAN SPECIALTY SERVICES	1,257,078.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

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SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

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Department of the Treasury
Internal Revenue Service

▶ See the instructions for Form 990.

2009

Open to Public
Inspection

Employer Identification number
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Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	10490870.			
	e	Government grants (contributions)	1e	26238762.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		36729632.			
	Program Service Revenue	2 a	PATIENT SERVICE REV.	Business Code	900099	348678700.	348678700.
b		RESEARCH GRANTS REV.	900099	48558646.	48558646.		
c		OTHER OPERATING REV.	900099	8,989,209.	8,989,209.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		406226555.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			62,296.		62,296.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties			339,158.		339,158.
	6 a	Gross Rents	(i) Real	1519994.			
		b	Less: rental expenses	(ii) Personal	1456130.		
		c	Rental income or (loss)		63,864.		
		d	Net rental income or (loss)		63,864.		305,959.-242,095.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
		b	Less: cost or other basis and sales expenses	(ii) Other			
		c	Gain or (loss)				
		d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b	Less: direct expenses	b			
		c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
		b	Less: direct expenses	b			
		c	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns and allowances	a	166,365.			
		b	Less: cost of goods sold	b	121,345.		
c		Net income or (loss) from sales of inventory		45,020.		45,020.	
Miscellaneous Revenue			Business Code				
11 a	INCOME FROM K-1s	900099	-3,317.		-3,317.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		-3,317.				
12	Total revenue. See instructions.		443463208.	406226555.	305,959.	201,062.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,210.	2,210.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,738,404.		4,738,404.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	193,306,171.	153,994,236.	39,311,935.	
8 Pension plan contributions (Include section 401(k) and section 403(b) employer contributions)	17,297,878.	13,694,692.	3,603,186.	
9 Other employee benefits	30,245,179.	25,410,084.	4,835,095.	
10 Payroll taxes	13,966,560.	11,221,783.	2,744,777.	
11 Fees for services (non-employees):				
a Management				
b Legal	1,985,361.	449,443.	1,535,918.	
c Accounting	351,101.	25,800.	325,301.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	25,137,338.	23,058,747.	2,078,591.	
12 Advertising and promotion	347,339.		347,339.	
13 Office expenses	51,163,680.	42,602,440.	8,561,240.	
14 Information technology	4,208,504.		4,208,504.	
15 Royalties				
16 Occupancy	3,436,821.	1,559,290.	1,877,531.	
17 Travel	1,118,063.	887,558.	230,505.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	211,240.	133,659.	77,581.	
20 Interest	4,447,137.		4,447,137.	
21 Payments to affiliates	25,982,674.	25,982,674.		
22 Depreciation, depletion, and amortization	17,915,896.	1,707,940.	16,207,956.	
23 Insurance	1,588,044.	1,255,663.	332,381.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PURCHASED SERVICES	27,500,658.	20,435,133.	7,065,525.	
b BAD DEBT EXPENSE	10,215,589.	10,215,589.		
c OTHER	1,448,410.	141,391.	1,307,019.	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	436,614,257.	332,778,332.	103,835,925.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	30,580.	1	-862,892.
	2 Savings and temporary cash investments	24,568,456.	2	18,538,720.
	3 Pledges and grants receivable, net	10,649,852.	3	10,186,386.
	4 Accounts receivable, net	71,700,171.	4	51,052,291.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	102,067.	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	590,000.	7	610,000.
	8 Inventories for sale or use	3,535,427.	8	4,284,701.
	9 Prepaid expenses and deferred charges	3,148,760.	9	3,729,517.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 373,616,825.		
	b Less: accumulated depreciation	10b 177,859,978.		
		163,914,250.	10c	195,756,847.
	11 Investments - publicly traded securities	7,539,658.	11	7,371,766.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	6,071,322.	15	8,061,116.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	291,850,543.	16	298,728,452.	
Liabilities	17 Accounts payable and accrued expenses	53,346,548.	17	50,207,282.
	18 Grants payable		18	
	19 Deferred revenue	8,188,994.	19	8,177,182.
	20 Tax-exempt bond liabilities	90,100,000.	20	90,100,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	7,112,809.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	93,740,471.	25	76,087,396.
	26 Total liabilities. Add lines 17 through 25	245,376,013.	26	231,684,669.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	40,587,668.	27	60,454,546.
	28 Temporarily restricted net assets	5,886,862.	28	6,589,237.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	46,474,530.	33	67,043,783.
	34 Total liabilities and net assets/fund balances	291,850,543.	34	298,728,452.

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Part X Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
2b Were the organization's financial statements audited by an independent accountant?
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2009

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

Employer identification number

94-0382330

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
**CHILDREN'S HOSPITAL & RESEARCH CENTER AT
 OAKLAND**

Employer identification number

94-0382330

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 10,490,870.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 26,238,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

94-0382330

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

94-0382330

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public
Inspection

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND	Employer identification number 94-0382330
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ ☐ Yes ☐ No
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009
LHA

CHILDREN'S HOSPITAL & RESEARCH CENTER AT

Schedule C (Form 990 or 990-EZ) 2009 OAKLAND

94-0382330 Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group.
 B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	140,000.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	193,343.													
c	Total lobbying expenditures (add lines 1a and 1b)	333,343.													
d	Other exempt purpose expenditures	423856895.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	424190238.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	335,000.	1,430,435.	1,568,542.	333,343.	3,667,320.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	155,000.	120,000.	140,000.	140,000.	555,000.

Schedule C (Form 990 or 990-EZ) 2009

CHILDREN'S HOSPITAL & RESEARCH CENTER AT

Schedule C (Form 990 or 990-EZ) 2009 OAKLAND

94-0382330 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2009

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND**

Employer identification number
94-0382330

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

Schedule D (Form 990) 2009

94-0382330 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
b Permanent endowment ☐ %
c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,730,774.		12,730,774.
b Buildings		241,228,392.	113,933,890.	127,294,502.
c Leasehold improvements				
d Equipment		104,035,719.	62,073,704.	41,962,015.
e Other		15,621,940.	1,852,384.	13,769,556.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				195,756,847.

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Schedule D (Form 990) 2009

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990 Part X, col (B) line 13.) ▶		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶

(a) Description	(b) Book value
Total (Column (b) must equal Form 990, Part X, col.(B), line 15.)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	LIABILITY FOR PENSION BENEFITS	67,261,736.
	ESTIMATED THIRD PARTY PAYOR SETTLEMENTS	962,689.
	ACCRUED MALPRACTICE LIABILITY	2,804,972.
	ACCRUED WORKERS COMP LIABILITY	5,057,999.
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	76,087,396.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

Schedule D (Form 990) 2009

94-0382330 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	443,463,208.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	436,614,257.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	6,848,951.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	13,720,302.
9	Total adjustments (net). Add lines 4 through 8	9	13,720,302.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	20,569,253.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	456,567,300.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	13,437,665.
e	Add lines 2a through 2d	2e	13,437,665.
3	Subtract line 2e from line 1	3	443,129,635.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	333,573.
c	Add lines 4a and 4b	4c	333,573.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	443,463,208.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	438,161,300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,883,934.
e	Add lines 2a through 2d	2e	1,883,934.
3	Subtract line 2e from line 1	3	436,277,366.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	336,891.
c	Add lines 4a and 4b	4c	336,891.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	436,614,257.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: CHILDREN'S ADOPTED THE PROVISIONS OF ASC TOPIC 740-10,

INCOME TAXES, RELATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS.

CHILDREN'S HAD NO UNRECOGNIZED TAX BENEFITS WHICH WOULD REQUIRE AN

ADJUSTMENT TO THE JANUARY 1, 2009 BEGINNING BALANCE OF NET ASSETS AND HAD

NO UNRECOGNIZED TAX BENEFITS AT DECEMBER 31, 2009. CHILDREN'S FILES

FEDERAL AND CALIFORNIA EXEMPT ORGANIZATION RETURNS. CHILDREN'S IS NO

LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS

BEFORE 2006 FOR ITS FEDERAL AND 2005 FOR ITS STATE TAX FILINGS.

Schedule D (Form 990) 2009

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02-01-10

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

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Part XIV Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

INCOME AND EXPENSES ATTRIBUTABLE TO FAMILY HOUSE: -311647.

EFFECT OF ADOPTION OF SFAS 158: 11851085.

NET ASSETS ATTRIBUTABLE TO FAMILY HOUSE: 2163327.

BOOK/TAX DIFFERENCE IN K-1 INCOME: 17513.

ROUNDING: 24.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN MINIMUM PENSION LIABILITY: 11851085.

RENTAL EXPENSES RECLASSIFIED TO REVENUE SECTION: 1450942.

AUDITED FINANCIAL STATEMENT ROUNDING: 97.

COGS ON SALES OF INVENTORY RECLASSIFIED FROM EXPENSES: 121345.

TOTAL INCOME FROM K-1S RECORDED FOR BOOK PURPOSES: 14196.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

CAMS REVENUE RECLASSIFIED FROM EXPENSE SECTION: 114425.

OTHER CHANGES IN FUND BALANCE RECLASSIFIED TO EXPENSE SECTION: 222465.

TOTAL INCOME FROM K-1S FOR TAX PURPOSES: -3317.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

INCOME AND EXPENSES ATTRIBUTABLE TO FAMILY HOUSE (SEPARATELY
REPORTED): 311647.

RENTAL EXPENSES RECLASSIFIED TO REVENUE SECTION: 1450942.

COGS ON SALES OF INVENTORY RECLASSIFIED FROM EXPENSES: 121345.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

CAMS REVENUE RECLASSIFIED TO REVENUES SECTION: 114425.

Part XIV Supplemental Information (continued)

OTHER CHANGES IN FUND BALANCE RECLASSIFIED TO EXPENSE SECTION: 222465.

ROUNDING: 1.

SCHEDULE D, PART XI, LINE 10:

THE TOTAL EXCESS OR DEFICIT FOR THE YEAR DOES NOT TIE TO THE AUDITED
FINANCIAL STATEMENTS AS THE AUDITED FINANCIAL STATEMENTS ARE FILED ON A
CONSOLIDATED BASIS AND INCLUDE ONLY AMOUNTS ROUNDED TO THE NEAREST \$100.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND** Employer identification number **94-0382330**

Part I Charity Care and Certain Other Community Benefits at Cost

- 1 a** Does the organization have a charity care policy? If "No," skip to question 6a
- b** If "Yes," is it a written policy?
- 2** If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals.
☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals
☐ Generally tailored to individual hospitals
- 3** Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care:
☐ 100% ☐ 150% ☐ 200% ☒ Other 300 %
b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals?
If "Yes," indicate which of the following is the family income limit for eligibility for discounted care:
☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.
- 4** Does the organization's policy provide free or discounted care to the "medically indigent"?
- 5 a** Does the organization budget amounts for free or discounted care provided under its charity care policy?
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6 a** Does the organization prepare an annual community benefit report?
b If "Yes," does the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
2		
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)	1	1,606	3160982.	0.	3160982.	.74%
b Unreimbursed Medicaid (from Worksheet 3, column a)			211075389	190745765	20329624.	4.77%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)			211,866.	277.	211,589.	.05%
d Total Charity Care and Means-Tested Government Programs	1	1,606	214448237	190746042	23702195.	5.56%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	63	69,167	14319298.	8040344.	6278954.	1.47%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)	4	33,633	11169699.	14312753.	3143054.	.00%
h Research (from Worksheet 7)	258		35446337.	33928029.	1518308.	.36%
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits	325	102,800	60935334.	56281126.	4654208.	1.83%
k Total. Add lines 7d and 7j	326	104,406	275383571	247027168	28356403.	7.39%

932091 02-01-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2009

**CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND**

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Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** **X**
- 2 Enter the amount of the organization's bad debt expense (at cost) **2** **5,710,237.**
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy **3**
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** **1,270,876.**
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** **1,074,964.**
- 7 Subtract line 6 from line 5. This is the surplus or (shortfall) **7** **195,912.**
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.
- Check the box that describes the method used:
☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

- 9a Does the organization have a written debt collection policy? **9a** **X**
- b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI **9b** **X**

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

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Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7: THE COSTING METHODOLOGY IS THE AMOUNT THAT THE PAYER
IS EXPECTED TO PAY AND DOES NOT PAY.

PART III, LINE 4: THE AMOUNT THAT THE PAYER IS EXPECTED TO PAY AND DOES
NOT PAY.

PART III, LINE 9B: DIRECT CHARITY CARE IS THE PROVISION OF HEALTHCARE
GOODS AND SERVICES WITHOUT CHARGE OR AT SUBSTANTIALLY REDUCED RATES TO
MEMBERS OF THE COMMUNITY WHO DEMONSTRATE AN INABILITY TO PAY FOR NECESSARY
HEALTHCARE SERVICES EITHER ENTIRELY OR IN PART. THIS IS DISTINGUISHED FROM
BAD DEBT WHICH RESULTS FROM AN UNWILLINGNESS TO PAY AND FROM CONTRACTUAL
DISCOUNT WHICH RESULTS FROM PREDETERMINED AGREEMENTS TO ACCEPT SOME
REDUCTION FROM BILLED CHARGES. COLLECTION ACTIVITY IS NOT INITIATED ON
CHARITY CARE PATIENTS BECAUSE THE CHARGES WERE NEVER EXPECTED TO BE PAID,
AND ARE THUS NOT BAD DEBT.

PART VI, LINE 2: INFORMATION ABOUT FINANCIAL ASSISTANCE AVAILABLE FROM
CHILDREN'S HOSPITAL SHALL BE DISSEMINATED THROUGH A VARIETY OF MECHANISMS,
INCLUDING POSTING NOTICES IN THE EMERGENCY DEPARTMENT, CLINICS, OTHER
PUBLIC PLACES IN THE HOSPITAL, OUTPATIENT SETTINGS, AND INCLUDING
INFORMATION ON THE PATIENT'S/GUARANTOR'S BILL. THIS INFORMATION SHALL BE

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

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Part VI Supplemental Information

PROVIDED IN ENGLISH AND SPANISH, AND WILL BE TRANSLATED FOR
PATIENTS/GUARANTORS WHO SPEAK OTHER LANGUAGES.

PART VI, LINE 3: INFORMATION ABOUT FINANCIAL ASSISTANCE AVAILABLE FROM
CHILDREN'S HOSPITAL SHALL BE DISSEMINATED THROUGH A VARIETY OF MECHANISMS,
INCLUDING POSTING NOTICES IN THE EMERGENCY DEPARTMENT, CLINICS, OTHER
PUBLIC PLACES IN THE HOSPITAL, OUTPATIENT SETTINGS, AND INCLUDING
INFORMATION ON THE PATIENT'S/GUARANTOR'S BILL. THIS INFORMATION SHALL BE
PROVIDED IN ENGLISH AND SPANISH, AND WILL BE TRANSLATED FOR
PATIENTS/GUARANTORS WHO SPEAK OTHER LANGUAGES. ANY MEMBER OF CHILDREN'S
HOSPITAL STAFF OR MEDICAL STAFF MAY MAKE REFERRAL OF PATIENTS/GUARANTORS.

PART VI, LINE 4: ALL CHILDREN, REGARDLESS OF THEIR ABILITY TO PAY, OF
ALAMEDA AND CONTRA COSTA COUNTIES AND NORTHERN CALIFORNIA.

PART VI, LINE 6: CHILDREN'S HOSPITAL & RESEARCH CENTER OAKLAND REMAINS
FOCUSED ON SIX KEY GOALS - INCREASED ACCESS TO SPECIALIZED HEALTHCARE
SERVICES THROUGH DIRECT COMMUNITY BENEFIT PROGRAMS, FAMILY CENTERED CARE,
EDUCATION, COMMUNITY OUTREACH AND COLLABORATIONS, RESEARCH AND ADVOCACY
FOR CHILDREN'S HEALTH.

PART VI, LINE 8, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CA

Schedule H (Form 990) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

**CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND**

Employer identification number

94-0382330

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☒ Tax indemnification and gross-up payments

☐ Discretionary spending account

☒ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☒ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

☒ Compensation committee

☒ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☐ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

94-0382330

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Schedule J (Form 990) 2009

Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
FRANK TIEDEMANN	(i)	376,571.	0.	812,802.	166,957.	0.	1,356,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BERTRAM H. LUBIN	(i)	425,815.	0.	39,178.	86,779.	18,742.	570,514.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DOUGLAS T. MYERS	(i)	217,091.	0.	13,602.	19,794.	10,933.	261,420.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GARY WILLIAM CHAWK	(i)	106,956.	0.	116,366.	0.	0.	223,322.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
B. BRADLEY BARBER	(i)	288,194.	25,933.	12,114.	84,532.	6,694.	417,467.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ERNEST JAMES GROSSKOPF	(i)	193,277.	0.	2,856.	33,354.	14,057.	243,544.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHLEEN HOGUE GONZALES	(i)	226,454.	55,000.	2,986.	130,220.	5,052.	419,712.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LAWRENCE MACK	(i)	164,790.	0.	227,815.	0.	4,462.	397,067.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARY DEAN	(i)	254,098.	0.	165,701.	32,506.	0.	452,305.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
NANCY SHIBATA, RN	(i)	210,177.	0.	1,022.	58,271.	18,742.	288,212.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
VALERIE ROBERTS	(i)	147,487.	0.	31,853.	34,175.	5,857.	219,372.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ALEXANDER H. LUCAS	(i)	269,770.	0.	0.	321,917.	19,844.	611,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES SULLIVAN	(i)	262,644.	0.	0.	209,968.	14,726.	487,338.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LENDIA TOWNSEND-WILLIAMS	(i)	252,839.	0.	0.	92,225.	10,622.	355,686.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARILYNNE NGO	(i)	282,976.	0.	0.	21,734.	6,767.	311,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEVEN YEDLIN	(i)	329,896.	0.	0.	41,573.	22,349.	393,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2009

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

Schedule J (Form 990) 2009

94-0382330

Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: ALL COMPENSATION IS REPORTED ON THE W-2. WE GROSS UP
SALARIES FOR FINANCIAL PLANNING AND GYM MEMBERSHIP. HOUSING ALLOWANCE
APPLIES TO THOSE WHO ARE RELOCATING. TOTAL FRINGE BENEFITS PAID ARE AS
FOLLOWS:

-B. BRADLEY BARBER \$7,402

-GARY WILLIAM CHAWK \$1,756

-KATHLEEN HOGUE GONZALES \$1,156

-ERNEST JAMES GROSSKOPF \$2,320

-BERTRAM H. LUBIN \$4,899

-DOUGLAS T. MYERS \$17,663

-NANCY SHIBATA, RN \$4,149

-FRANK TIEDEMANN \$1,836

PART I, LINE 4A: SEVERANCE PAYMENTS FOR THE DECEMBER 31, 2009 YEAR END:

-GARY WILLIAM CHAWK - \$82,387

-MARY DEAN - \$92,800

-LAWRENCE MACK - \$215,010

Schedule J (Form 990) 2009

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

Schedule J (Form 990) 2009

94-0382330

Page 3

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

-VALERIE ROBERTS - \$5,908

-FRANK TIEDEMANN - \$487,620

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENTS FOR THE DECEMBER 31,

2009 YEAR END:

-MARY DEAN - \$37,293

-BERTRAM H. LUBIN - \$26,098

-FRANK TIEDEMANN - \$289,627

Schedule J (Form 990) 2009

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
► Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND**

Employer identification number
94-0382330

Part I Bond Issues									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A ASSOCIATION OF BAY AREA GOVERNMENTS (ABAG)	94-3130123	00037CLY4	10/16/07	1,085,000.	REFUNDING REVENUE BONDS		X		X
B ASSOCIATION OF BAY AREA GOVERNMENTS (ABAG)	94-3130123	00037CLZ1	10/16/07	1,130,000.	REFUNDING REVENUE BONDS		X		X
C ASSOCIATION OF BAY AREA GOVERNMENTS (ABAG)	94-3130123	00037CMA5	10/16/07	1,175,000.	REFUNDING REVENUE BONDS		X		X
D ASSOCIATION OF BAY AREA GOVERNMENTS (ABAG)	94-3130123	00037CMB3	10/16/07	1,220,000.	REFUNDING REVENUE BONDS		X		X
E ASSOCIATION OF BAY AREA GOVERNMENTS (ABAG)	94-3130123	00037CMC1	10/16/07	1,275,000.	REFUNDING REVENUE BONDS		X		X

Part II Proceeds											
		A		B		C		D		E	
1	Total proceeds of issue	1,086,680.		1,131,749.		1,176,819.		1,221,889.		1,276,974.	
2	Gross proceeds in reserve funds	81,515.		84,896.		88,276.		91,657.		95,789.	
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds										
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	1,068,328.		1,112,636.		1,156,945.		1,201,254.		1,255,408.	
8	Year of substantial completion	2004		2004		2004		2004		2004	
9	Were the bonds issued as part of a current refunding issue? ...	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		X		X
10	Were the bonds issued as part of an advance refunding issue?	X		X		X		X		X	
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use										
	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?			X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?			X		X		X		X

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
► Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND** Employer identification number **94-0382330**

Part I Bond Issues									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A ASSOCIATION OF BAY AREA GOVERNMENTS (ABAG)	94-3130123	00037CLD9	10/16/07	1,335,000.	REFUNDING REVENUE BONDS		X		X
B ASSOCIATION OF BAY AREA GOVERNMENTS (ABAG)	94-3130123	00037CLE7	10/16/07	1,395,000.	REFUNDING REVENUE BONDS		X		X
C ASSOCIATION OF BAY AREA GOVERNMENTS (ABAG)	94-3130123	00037CMF4	10/16/07	1,455,000.	REFUNDING REVENUE BONDS		X		X
D ASSOCIATION OF BAY AREA GOVERNMENTS (ABAG)	94-3130123	00037CMG2	10/16/07	1,525,000.	REFUNDING REVENUE BONDS		X		X
E ASSOCIATION OF BAY AREA GOVERNMENTS (ABAG)	94-3130123	00037CMH0	10/16/07	1,590,000.	REFUNDING REVENUE BONDS		X		X

Part II Proceeds											
		A		B		C		D		E	
1	Total proceeds of issue	1,337,067.		1,397,160.		1,457,252.		1,527,361.		1,592,461.	
2	Gross proceeds in reserve funds	100,297.		104,805.		109,312.		114,571.		119,455.	
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds										
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	1,314,486.		1,373,564.		1,432,643.		1,501,567.		1,565,568.	
8	Year of substantial completion	2004		2004		2004		2004		2004	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue? ...		X		X		X		X		X
10	Were the bonds issued as part of an advance refunding issue?	X		X		X		X		X	
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use											
		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
► Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND**

Employer identification number
94-0382330

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A ASSOCIATION OF BAY AREA GOVERNMENTS (ABAG)	94-3130123	00037CLJ6	10/16/07	5,235,000.	REFUNDING REVENUE BONDS		X		X
B ASSOCIATION OF BAY AREA GOVERNMENTS (ABAG)	94-3130123	00037CLK3	10/16/07	10615000.	REFUNDING REVENUE BONDS		X		X
C ASSOCIATION OF BAY AREA GOVERNMENTS (ABAG)	94-3130123	00037CML1	10/16/07	31065000.	REFUNDING REVENUE BONDS		X		X
D ASSOCIATION OF BAY AREA GOVERNMENTS (ABAG)	94-3130123	00037CGU8	11/01/05	30000000.	FINANCE HEALTH FACILITIES		X		X
E									

Part II Proceeds

	A		B		C		D		E	
1 Total proceeds of issue	5,243,104.		10,631,433.		31,113,091.		30,000,000.			
2 Gross proceeds in reserve funds	393,299.		797,492.		2,333,876.					
3 Proceeds in refunding or defeasance escrows							2,625,925.			
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds	5,154,559.		10,451,890.		30,587,656.		29,112,247.			
8 Year of substantial completion	2004		2004		2004		2008			
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue? ...		X		X		X		X		
10 Were the bonds issued as part of an advance refunding issue? ...	X		X		X			X		
11 Has the final allocation of proceeds been made? ...	X		X		X		X			
12 Does the organization maintain adequate books and records to support the final allocation of proceeds? ...	X		X		X		X			

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? ...		X		X		X		X		
2 Are there any lease arrangements with respect to the financed property which may result in private business use? ...		X		X		X		X		

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

Schedule K (Form 990) 2009

94-0382330

Page 2

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
b Are there any research agreements with respect to the financed property which may result in private business use? ...		X		X		X		X		X
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X		X
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X		X		X		X		X

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2 Is the bond issue a variable rate issue?		X		X		X		X		X
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X		X		X		X		X
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6 Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

94-0382330

Schedule K (Form 990) 2009

Page 2

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
b Are there any research agreements with respect to the financed property which may result in private business use? ...		X		X		X		X		X
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X		X
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X		X		X		X		X

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2 Is the bond issue a variable rate issue?		X		X		X		X		X
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X		X		X		X		X
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6 Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

94-0382330

Page 2

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		
b Are there any research agreements with respect to the financed property which may result in private business use? ...		X		X		X		X		
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X	X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%	3.00	%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%	.00	%		%
6 Total of lines 4 and 5		%		%		%	3.00	%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X		X		X	X			

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		
2 Is the bond issue a variable rate issue?		X		X		X		X		
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X	X			
b Name of provider							MERRILL LYNCH			
c Term of hedge							4.0000000			
4a Were gross proceeds invested in a GIC?		X		X		X		X		
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		
6 Did the bond issue qualify for an exception to rebate?		X		X		X		X		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

Employer identification number
94-0382330

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HIGH QUALITY PEDIATRIC CARE FOR ALL CHILDREN THROUGH REGIONAL PRIMARY
AND SUBSPECIALTY NETWORKS, A STRONG EDUCATION AND TEACHING PROGRAM, A
DIVERSE WORKFORCE, NATIONALLY RECOGNIZED RESEARCH PROGRAMS AND CHILD
ADVOCACY EFFORTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESEARCH PROGRAMS AND CHILD ADVOCACY EFFORTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CELL TRANSPLANTATION, AND BONE MARROW TRANSPLANTATION. THE
HEMATOLOGY/ONCOLOGY DEPARTMENT HAS ITS OWN 25-BED INPATIENT UNIT WITH
PRIVATE, AIR-FILTERED ISOLATION ROOMS. A 20-BED DAY-USE TRANSFUSION AND
CHEMOTHERAPY UNIT IN CHILDREN'S OUTPATIENT CENTER INCLUDES A PHERESIS
PROGRAM AND A BONE MARROW TRANSPLANTATION UNIT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CENTER FOR NEONATAL INTENSIVE CARE. BOARD CERTIFIED NEONATOLOGISTS ARE
IN THE HOSPITAL 24 HOURS A DAY, 7 DAYS A WEEK. PARENTS ARE WELCOME TO
VISIT ANY TIME. THIS MULTIDISCIPLINARY MEDICAL TEAM WORKS CLOSELY WITH
THE ENTIRE RANGE OF CHILDREN'S PEDIATRIC SUB-SPECIALTY SERVICES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ORTHOPEDICS- THE DEPARTMENT OF ORTHOPEDICS AT CHILDREN'S HOSPITAL &
RESEARCH CENTER OAKLAND WORKS WITH CHILDREN FROM BIRTH TO AGE 18 TO
PREVENT OR CORRECT INJURIES AND DISORDERS OF THE SKELETAL SYSTEM, AND

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

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Inspection

Name of the organization

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

Employer identification number
94-0382330

THEIR ASSOCIATED MUSCLES, JOINTS AND LIGAMENTS. WE ARE THE BUSIEST
PEDIATRIC ORTHOPEDIC DEPARTMENT IN THE BAY AREA, WITH MORE THAN 13,000
PATIENT VISITS A YEAR. WHEN A CHILD FRACTURES A BONE, SUFFERS A SPORTS
INJURY, OR HAS A CONGENITAL DISORDER SUCH AS SCOLIOSIS OR A
NEUROLOGICAL DISORDER SUCH AS SPINA BIFIDA, IT IS IMPORTANT FOR HIM OR
HER TO SEE A PEDIATRIC ORTHOPEDIST. PEDIATRIC ORTHOPEDISTS TREAT ONLY
CHILDREN AND ADDRESS EACH CHILD'S FUTURE GROWTH AS PART OF THE
TREATMENT PLAN. THIS IS HOW WE HELP THE CHILD ACHIEVE THE BEST
FUNCTIONALITY, AND EXPERIENCE THE LEAST DISRUPTION TO HIS OR HER NORMAL
ACTIVITIES. AT CHILDREN'S HOSPITAL OAKLAND, WE TREAT LOTS OF KIDS,
WITH ALL KINDS OF FRACTURES, CONGENITAL AND TRAUMATIC HAND INJURIES,
PROBLEMS DUE TO CEREBRAL PALSY AND SCOLIOSIS, AS WELL AS LEGG-PERTHES
DISEASE, LIMB DISORDERS, DISLOCATED HIPS, AS WELL AS OTHER CONDITIONS.

SURGERY-- THE SURGERY TEAM AT CHILDREN'S HOSPITAL & RESEARCH CENTER
OAKLAND WORKS WITH PEDIATRICIANS, FAMILY PHYSICIANS, CHILD LIFE
SPECIALISTS AND OTHER MEDICAL SPECIALISTS TO TREAT THE WHOLE CHILD. OUR
PROGRAMS ARE DESIGNED TO MINIMIZE THE STRESS AND DISCOMFORT OF SURGERY
WHILE PROVIDING THE HIGHEST LEVEL OF PEDIATRIC SURGICAL EXPERTISE FOR
CHILDREN, FROM THE TINIEST NEWBORNS THROUGH ADOLESCENCE. OUR SURGICAL
PRACTICE ENCOMPASSES THE FULL SPECTRUM OF GENERAL PEDIATRIC SURGERY,
INCLUDING LAPAROSCOPIC AND ENDOSCOPIC PROCEDURES. OUR SURGEONS HAVE
PARTICULAR EXPERTISE IN: NEONATAL SURGERY, ONCOLOGY, UROLOGY, THORACIC
SURGERY AND ARE AVAILABLE AROUND THE CLOCK FOR CRITICAL CARE SITUATIONS
INVOLVING TRAUMATIC INJURIES REQUIRING SURGICAL INTERVENTION.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

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Name of the organization

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

Employer identification number
94-0382330

NEUROSURGERY- NEUROSURGERY STAFF AT CHILDREN'S HOSPITAL & RESEARCH
CENTER OAKLAND PROVIDE A FULL RANGE OF INPATIENT AND OUTPATIENT
SERVICES FOR INFANTS, CHILDREN AND ADOLESCENTS WITH NEUROLOGICAL
DISORDERS. CHILDREN WITH BRAIN TUMORS, SPINAL DISORDERS, CONGENITAL
ANOMALIES, CRANIOSYNOSTOSIS, SPASTICITY, AND HYDROCEPHALUS ARE TREATED
BY OUR SURGICAL TEAM OF EXPERIENCED, PEDIATRIC NEUROSURGEONS AND OUR
ADVANCED-PRACTICE REGISTERED NURSES SKILLED IN THE CARE OF PEDIATRIC
PATIENTS. OUR PROGRAM IS EQUIPPED WITH A COMPUTER-GUIDED STEREOTACTIC
NEUROSURGERY STATION AND NEUROENDOSCOPE FOR MINIMALLY INVASIVE,
STATE-OF-THE-ART BRAIN SURGERY. OUR PATIENTS RECEIVE THE FINEST
POST-OPERATIVE CARE IN THE LARGEST PEDIATRIC INTENSIVE CARE UNIT AND
NEONATAL INTENSIVE CARE UNIT IN NORTHERN CALIFORNIA. TRANSPORT TEAMS
ARE AVAILABLE TO RECEIVE PATIENTS 24 HOURS A DAY. CHILDREN'S
MULTIDISCIPLINARY NEURO-ONCOLOGY, SPINAL DISORDER, SPASTICITY, AND
CRANIOFACIAL PROGRAMS ENSURE THAT NEUROSURGERY PATIENTS AT CHILDREN'S
HOSPITAL RECEIVE COMPLETE, INTEGRATED OUTPATIENT CARE.

GASTROENTEROLOGY- THE DEPARTMENT OF

GASTROENTEROLOGY/HEPATOLOGY/NUTRITION AT CHILDREN'S HOSPITAL & RESEARCH
CENTER OAKLAND PROVIDES CARE FOR CHILDREN FROM BIRTH TO AGE 18 WHO HAVE
SYMPTOMS AND DISEASES OF THE STOMACH, INTESTINES, LIVER AND PANCREAS.
GASTROENTEROLOGY REFERS TO THE STOMACH, INTESTINES AND ASSOCIATED
ORGANS. HEPATOLOGY REFERS TO THE LIVER.

OTOLARYNGOLOGY- COMPREHENSIVE DIAGNOSTIC TREATMENT SERVICES FOR

CHILDREN FROM BIRTH TO 18 YEARS OF AGE WITH EAR, NOSE, THROAT, AND

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Open to Public
Inspection

Name of the organization

CHILDREN'S HOSPITAL & RESEARCH CENTER AT
OAKLAND

Employer identification number
94-0382330

LARYNGOTRACHEAL PROBLEMS. SERVICES INCLUDE ALL PEDIATRIC ENT SERVICES,
AND THE COCHLEAR IMPLANT PROGRAM. A COCHLEAR IMPLANT IS A SMALL,
COMPLEX ELECTRONIC DEVICE THAT CAN HELP TO PROVIDE A SENSE OF SOUND TO
A PERSON WHO IS PROFOUNDLY DEAF OR SEVERELY HARD OF HEARING. THE
IMPLANT IS SURGICALLY PLACED UNDER THE SKIN BEHIND THE EAR. WE HAVE
SAFELY AND SUCCESSFULLY IMPLANTED THE DEVICE IN MORE THAN ONE HUNDRED
AND SIXTY CHILDREN.

REHABILITATION- THE PEDIATRIC REHABILITATION TEAM AT CHILDREN'S
HOSPITAL & RESEARCH CENTER OAKLAND PROVIDES A COMPREHENSIVE, INTEGRATED
APPROACH TO CARING FOR CHILDREN, FROM BIRTH THROUGH ADOLESCENCE, WHO
REQUIRE HOSPITALIZATION FOR MEDICAL REASONS RELATED TO DISABILITY, OR
NEED INTENSIVE REHABILITATION FOLLOWING ILLNESS OR ACCIDENT THAT HAS
CAUSED A LOSS OF FUNCTION. OUR COLLABORATIVE TEAM APPROACH INCLUDES
OCCUPATIONAL THERAPISTS (OT), PHYSICAL THERAPISTS (PT), SPEECH AND
LANGUAGE PATHOLOGISTS, HAND THERAPISTS, AUDIOLOGISTS, PHYSIATRISTS,
ORTHOPEDIC SPECIALISTS, REHABILITATION NURSES AND SOCIAL WORKERS. THIS
COMPREHENSIVE APPROACH ASSURES THAT CHILDREN WILL RETURN TO THEIR
PREVIOUS FUNCTIONAL STATUS AS QUICKLY AS POSSIBLE OR WILL GAIN THE
ABILITY TO DO THINGS THEY WERE NOT ABLE TO LEARN ON THEIR OWN.

NEUROLOGY- NEUROLOGY STAFF AT CHILDREN'S HOSPITAL & RESEARCH CENTER
OAKLAND EVALUATE AND CARE FOR CHILDREN FROM BIRTH TO AGE 18 WHO HAVE
DISORDERS AFFECTING THE CENTRAL NERVOUS SYSTEM, SPINAL CORD, NERVES,
AND MUSCLES. WE HAVE A COMPREHENSIVE EPILEPSY CENTER AND WORK CLOSELY
WITH THE NEUROSURGERY STAFF TO EVALUATE AND MANAGE CARE OF CHILDREN

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WITH BRAIN TUMORS.

PULMONOLOGY- THE PHYSICIANS AND STAFF AT THE DIVISION OF PULMONARY
MEDICINE TREAT KIDS, FROM BIRTH TO 21, WITH A BROAD RANGE OF BREATHING
OR RESPIRATORY HEALTH PROBLEMS, FROM ASTHMA, RECURRENT COUGHS AND
RESPIRATORY INFECTIONS TO ALLERGIES, DYSPNEA (SHORTNESS OF BREATH) AND
OTHER CONDITIONS. CHILDREN'S IS A NATIONALLY CERTIFIED CYSTIC FIBROSIS
TREATMENT CENTER AND HAS A KIDS-ONLY SLEEP LAB CLINIC CAPABLE OF
DIAGNOSING AND TREATING THE MOST CHALLENGING CASES OF SLEEP APNEA. THE
COMPREHENSIVE PULMONARY FUNCTION LABORATORY PROVIDES ADVANCED PULMONARY
FUNCTION TESTING USING MINIMALLY INVASIVE PROCEDURES DESIGNED TO EASE
THE CHILD'S FEARS AND DISCOMFORTS.

NEPHROLOGY - NEPHROLOGISTS AT CHILDREN'S HOSPITAL & RESEARCH CENTER
OAKLAND PROVIDE CARE FOR CHILDREN FROM BIRTH THROUGH AGE 18 WHO HAVE
RENAL DISEASE; LONG-TERM PATIENTS ARE SEEN UP TO AGE 21 YEARS.
NEPHROLOGY DEALS WITH THE FUNCTION AND DISEASES OF THE KIDNEYS.

UROLOGY- CHILDREN'S UROLOGY TEAM PROVIDES COMPREHENSIVE CONSULTATIONS
FOR THE DIAGNOSIS AND TREATMENT OF CHILDREN TO AGE 18 WHO HAVE PROBLEMS
RELATING TO THE KIDNEYS, BLADDER AND GENITALIA. OUR COMPASSIONATE
PROFESSIONALS SPECIALIZE IN TREATING DEFECTS OF THE URINARY TRACT, SUCH
AS HYPOSPADIAS AND EPISPADIAS (BIRTH DEFECTS IN BOYS IN WHICH THE
URINARY TRACT OPENING IS NOT AT THE TIP OF THE PENIS), BLADDER
EXSTROPHY, AMBIGUOUS GENITALIA AND OBSTRUCTIVE UROPATHY (BLOCKED URINE
FLOW) CAUSED BY URETHRAL ABNORMALITIES.

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PLASTIC SURGERY- PLASTIC SURGEONS AT CHILDREN'S HOSPITAL & RESEARCH
CENTER OAKLAND EVALUATE AND TREAT A WIDE RANGE OF PLASTIC SURGERY
PROBLEMS IN CHILDREN FROM BIRTH TO 18 YEARS, INCLUDING CONGENITAL
ANOMALIES, ACUTE TRAUMATIC INJURIES, AND RECONSTRUCTION FOLLOWING BURNS
AND OTHER TRAUMATIC INJURIES. SERVICES INCLUDE DIAGNOSIS AND TREATMENT
OF ALL CONGENITAL AND ACQUIRED RECONSTRUCTIVE PROBLEMS;
CRANIO-MAXILLOFACIAL SURGERY; PLASTIC AND RECONSTRUCTIVE SURGERY; AND
HAND/MICROSURGERY.

OPHTHALMOLOGY- THE EYE CLINIC AT CHILDREN'S HOSPITAL OAKLAND EVALUATES
AND TREATS EYE PROBLEMS IN CHILDREN FROM INFANCY THROUGH ADOLESCENCE.
OUR SERVICES INCLUDE ROUTINE EYE EXAMS AND TREATMENT OF ALL PEDIATRIC
EYE CONDITIONS.

CRANIOFACIAL- THE NORTHERN CALIFORNIA CRANIOFACIAL CENTER AT CHILDREN'S
HOSPITAL & RESEARCH CENTER OAKLAND IS AMONG THE NATIONS LEADING CENTERS
FOR THE TREATMENT OF CRANIOFACIAL ABNORMALITIES IN CHILDREN FROM BIRTH
TO 21 YEARS. THE CENTER EMPLOYS A TEAM APPROACH TO CRANIOFACIAL CARE,
BRINGING TOGETHER PANELS OF NATIONALLY RESPECTED SPECIALISTS FROM AMONG
THE HOSPITAL'S 31 PEDIATRIC SPECIALTIES, WHO WORK TOGETHER TO CUSTOMIZE
TREATMENTS FOR EACH CHILD. THE PANEL INCLUDES PEDIATRIC SURGEONS,
DENTISTS, OPHTHALMOLOGISTS, ORTHOPEDIC SPECIALISTS, SOCIAL WORKERS,
NUTRITIONISTS AND OTHER RELATED SPECIALISTS WHO TREAT THE WHOLE CHILD.
WE PROVIDE COMPREHENSIVE EVALUATION AS WELL AS THERAPEUTIC, SURGICAL,
AND FOLLOW-UP CARE, ALL SPECIFICALLY ORIENTED TOWARD THE SPECIAL NEEDS

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OF CHILDREN. WE ALSO SERVE AS A RESOURCE FOR COMMUNITY PHYSICIANS AND
FAMILIES. CRANIOFACIAL ABNORMALITIES OCCUR WHEN THE PROPER DEVELOPMENT
OF BONES IN THE SKULL AND FACE IS INTERRUPTED. THE RESULTS CAN LEAD TO
SUCH DEFORMITIES AS EYE AND ORBIT DEFORMITIES, NASAL DEFORMITIES OR A
CLEFT LIP OR PALATE, AMONGST OTHERS.

AUDIOLOGY- THE DIVISION OF AUDIOLOGY AT CHILDREN'S HOSPITAL & RESEARCH
CENTER OAKLAND WORKS WITH CHILDREN FROM BIRTH TO 21 YEARS TO DIAGNOSE
AND TREAT HEARING LOSS OR IMPAIRMENT. WE HAVE A SPECIALLY TRAINED TEAM
OF AUDIOLOGISTS AND SPEECH PATHOLOGISTS THAT OFFER CUTTING EDGE
TECHNOLOGY TO HELP CHILDREN IMPROVE HEARING, SPEECH AND LANGUAGE.
EXPENSES \$ 231632049. INCLUDING GRANTS OF \$ 0. REVENUE \$ 291620774.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE FORM 990 WILL BE
REVIEWED BY SENIOR MANAGEMENT, INCLUDING THE CHIEF EXECUTIVE OFFICER AND
THE CHIEF FINANCIAL OFFICER. FOLLOWING THIS REVIEW, ANY CHANGES WILL BE
INCORPORATED AND THIS NEW DRAFT WILL BE SUBMITTED TO THE FINANCE COMMITTEE
OF THE BOARD. FOLLOWING THIS REVIEW, NEW REVISIONS WILL BE MADE AND THIS
NEW DRAFT WILL BE SUBMITTED TO THE BOARD OF DIRECTORS FOR A LAST REVIEW AND
REVISIONS PRIOR TO SUBMISSION TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ALL MANAGERS ARE REQUIRED TO
SUBMIT AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT. IN ADDITION TO
MANAGERS, EMPLOYEES INVOLVED IN DIRECT PURCHASING DECISIONS ARE REQUIRED TO
SUBMIT AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT.

SCHEDULE O
(Form 990)

Department of the Treasury
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Supplemental Information to Form 990

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FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION RECOMMENDATIONS FOR
THE CEO AND SENIOR VICE PRESIDENTS ARE MADE BY THE EXECUTIVE COMMITTEE
(COMPENSATION COMMITTEE) OF THE BOARD OF DIRECTORS WITH THE INPUT OF AN
INDEPENDENT CONSULTING FIRM, FUTURESENSE, INC. THOSE RECOMMENDATIONS ARE
APPROVED BY THE EXECUTIVE COMMITTEE ON BEHALF OF THE BOARD PER BOARD
DELEGATION AND ARE RECORDED IN THE MINUTES. FUTURESENSE, INC. SPECIALIZES
IN HEALTHCARE COMPENSATION AND HAS SUBSTANTIAL EXPERTISE IN EXECUTIVE
COMPENSATION. THE RECOMMENDATIONS INCLUDE COMPARISONS TO BENCHMARK MARKET
COMPENSATION FOR COMPARABLE POSITIONS FOR BASE AND TOTAL COMPENSATION.
FUTURESENSE, INC. COMPLETES AN ANNUAL REPORT ON THE COMPENSATION OF ALL
EXECUTIVES WHICH IS PROVIDED TO THE BOARD EACH JULY/AUGUST. THAT REPORT
PROVIDES BENCHMARK MARKET COMPARISONS ON BOTH BASE AND TOTAL COMPENSATION.
THIS REPORT IS AN AGENDA ITEM THAT IS DOCUMENTED BY THE MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: TO OBTAIN A COPY OF THE AUDITED
FINANCIAL STATEMENTS AND OR CONFLICT OF INTEREST POLICY, ONE MUST SUBMIT A
WRITTEN REQUEST TO THE RISK MANAGEMENT DEPARTMENT AND A COPY WILL BE SENT
TO THE RETURN ADDRESS. CALIFORNIA LAW REQUIRES THAT THE CORPORATION FILE
ITS ARTICLES OF INCORPORATION (AND ANY AMENDMENTS OR RESTATEMENTS WITH
RESPECT THERETO) WITH THE CALIFORNIA SECRETARY OF STATE. CHILDREN'S HAS
DONE SO. COPIES OF THE ARTICLES CAN BE OBTAINED BY MEMBERS OF THE PUBLIC
THROUGH THE OFFICE OF THE CALIFORNIA SECRETARY OF STATE. THERE IS NO LEGAL
REQUIREMENT THAT THE CORPORATION PROVIDE COPIES OF ITS GOVERNANCE DOCUMENTS
DIRECTLY TO MEMBERS OF THE PUBLIC. THE ISSUE OF WHETHER THE CORPORATION
SHOULD VOLUNTARILY MAKE THESE DOCUMENTS AVAILABLE FOR REVIEW IS BEING
REVIEWED BY THE GOVERNANCE COMMITTEE OF THE CHILDREN'S BOARD OF DIRECTORS.

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FORM 990, PART VII, SECTION A, COLUMN B

HOURS PER WEEK DEVOTED BY PRESIDENT & CEO

BERTRAM H. LUBIN, M.D., PRESIDENT & CEO DIVIDES HIS TIME AS FOLLOWS:

CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND 34.95 HRS

CHILDREN'S HOSPITAL AND RESEARCH CENTER FOUNDATION 4.00 HRS

BAYCHILDREN'S PHYSICIANS 1.00 HR

CHILDREN'S HOSPITAL OAKLAND FAMILY HOUSE .05 HR

AVERAGE HOURS PER WEEK 40.00 HRS

FORM 990, PART VII, SECTION A, COLUMN B

HOURS PER WEEK DEVOTED BY CEO

FRANK TIEDMANN, CEO DIVIDES HIS TIME AS FOLLOWS:

CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND 34.85 HRS

CHILDREN'S HOSPITAL AND RESEARCH CENTER FOUNDATION 4.00 HRS

FOUNDATION FOR CHILDREN'S CARE .10 HR

BAYCHILDREN'S PHYSICIANS 1.00 HR

CHILDREN'S HOSPITAL OAKLAND FAMILY HOUSE .05 HR

AVERAGE HOURS PER WEEK 40.00 HRS

FORM 990, PART VII, SECTION A, COLUMN B

HOURS PER WEEK DEVOTED BY CFO

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DOUGLAS MYERS, CFO DIVIDES HIS TIME AS FOLLOWS:

CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND 33.95 HRS

CHILDREN'S HOSPITAL AND RESEARCH CENTER FOUNDATION 2.00 HRS

BAYCHILDREN'S PHYSICIANS 4.00 HRS

CHILDREN'S HOSPITAL OAKLAND FAMILY HOUSE .05 HR

AVERAGE HOURS PER WEEK 40.00 HRS

FORM 990, PART VII, SECTION A, COLUMN B

HOURS PER WEEK DEVOTED BY SECRETARY, SR. VP, & CDO

BRADLEY BARBER, SECRETARY, SR. VP, & CDO DIVIDES HIS TIME AS FOLLOWS:

CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND 10.00 HRS

CHILDREN'S HOSPITAL AND RESEARCH CENTER FOUNDATION 29.50 HRS

FOUNDATION FOR CHILDREN'S CARE .50 HR

AVERAGE HOURS PER WEEK 40.00 HRS

FORM 990, PART VII, SECTION A, COLUMN B

HOURS PER WEEK DEVOTED BY CFO

GARY WILLIAM CHAWK, CFO DIVIDES HIS TIME AS FOLLOWS:

CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND 39.00 HRS

BAYCHILDREN'S PHYSICIANS 1.00 HR

SCHEDULE O
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Department of the Treasury
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AVERAGE HOURS PER WEEK

40.00 HRS

FORM 990, PART XI, LINE 2C

AUDIT COMMITTEE AND OVERSIGHT

THERE HAVE BEEN NO CHANGES TO THIS PROCESS FROM PRIOR YEAR.

FORM 990, SCHEDULE K, PART III

2007 REFUNDING REVENUE BONDS

THE REFUNDING REVENUE BONDS WERE A DIRECT RESULT OF REFINANCING 100% OF
THE 1999 BONDS. SCHEDULE K PART III, PRIVATE BUSINESS USE SECTION, IS
NOT APPLICABLE. THE DEFAULT ANSWER TO THE QUESTIONS IN "NO". THE
CORRECT RESPONSE SHOULD BE "NOT APPLICABLE".

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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Name of the organization **CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND**

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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
715 53RD STREET, LLC - 94-0382330 747 52ND ST. OAKLAND, CA 94609	REAL ESTATE	CALIFORNIA	-800.	0.	N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CHILDREN'S HOSPITAL BRANCHES, INC. - 94-2227650, 5700 MARTIN LUTHER KING JR WAY, T-2, OAKLAND, CA 94609	FUNDRAISING	CALIFORNIA	501(C)(3)	7	N/A
CHILDREN'S HOSPITAL MEDICAL CENTER FOUNDATION - 94-1657474, 2201 BROADWAY, SUITE 600, OAKLAND, CA 94612	FUNDRAISING	CALIFORNIA	501(C)(3)	7	N/A
CHILDREN'S HOSPITAL OAKLAND FAMILY HOUSE - 94-2909976, 5222 DOVER ST, OAKLAND, CA 94609	TEMPORARY LODGING FOR PATIENT FAMILIES	CALIFORNIA	501(C)(3)	7	N/A
BAYCHILDREN'S PHYSICIANS - 86-1175591 747 52ND STREET OAKLAND, CA 94609	MEDICAL FOUNDATION	CALIFORNIA	501(C)(3)	11B	N/A

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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

[illegible]

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)
----------------	--

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

	Yes	No
1a		X
1b	X	
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p	X	
1q		X
1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) BAYCHILDREN'S PHYSICIANS	B	13,437,310.
(2) CHILDREN'S HOSPITAL & RESEARCH CENTER FOUNDATION	C	10,490,870.
(3) CHILDREN'S HOSPITAL & RESEARCH CENTER FOUNDATION	P	3,946,954.
(4)		
(5)		
(6)		

Part V3

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

2009 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
3	BUILDINGS	VARIES	SSL	.000	16	241228392			241228392	106578231		7355659.
	* 990 PAGE 10 TOTAL BUILDINGS					241228392		0.	241228392	106578231	0.	7355659.
	MACHINERY & EQUIPMENT											
4	EQUIPMENT	VARIES	SSL	.000	16	104035719			104035719	51563476.		10510228.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					104035719		0.	104035719	51563476.	0.	10510228.
	LAND											
1	LAND	VARIES	SSL			12730774.			12730774.			0.
	* 990 PAGE 10 TOTAL LAND					12730774.		0.	12730774.	0.	0.	0.
	OTHER											
2	LAND IMPROVEMENTS	VARIES		.000	16	2013744.			2013744.	1802375.		50,009.
5	CIP	VARIES	NC	.000		13608196.			13608196.			0.
	* 990 PAGE 10 TOTAL OTHER					15621940.		0.	15621940.	1802375.	0.	50,009.
	* GRAND TOTAL 990 PAGE 10 DEPR					373616825		0.	373616825	159944082	0.	17915896.